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CONFIRMATION NO. 8131

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/630,955	<b>FILING OR 371(c) DATE</b> 08/02/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2664	<b>ATTORNEY DOCKET NO.</b> 922-99	
<b>APPLICANTS</b> Bryan J. Donoghue, St. Albans, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> C.G.S. Yes					
<b>** FOREIGN APPLICATIONS *****</b> C.G.S. Yes UNITED KINGDOM 0007049.0 03/24/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/21/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>C.G.S.</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23117					
<b>TITLE</b> Flow control system for network devices					
<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/630,955	<b>FILING DATE</b> 08/02/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> <del>2734</del> 2664	<b>ATTORNEY DOCKET NO.</b> 922-99	
<b>APPLICANTS</b> Bryan J. Donoghue, St. Albans, UNITED KINGDOM; <b>** CONTINUING DATA</b> ***** <sup>None</sup> <sub>C.G.S</sub> ***** <b>** FOREIGN APPLICATIONS</b> ***** <sup>Yes</sup> ***** UNITED KINGDOM 0007049.0 03/24/2000 C.G.S					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 09/21/2000</b> -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>C.G.S</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Nixon & Vanderhye P C 1100 North Glebe Road 8th Floor Arlington , VA 22201-4714					
<b>TITLE</b> Flow control system for network devices					
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		